

250

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1883
Registrar's No. 1883
St. Joseph's Hospital
(St. & No. (or) Name of Institution)
In Arizona 30 yrs

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Joseph's Hospital
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 28 hours; In Community 7 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 746 W. Pierce (e) Citizen of foreign country (Yes or No) NO
If Yes, which country none (f) Social Security No. -----

3. (a) FULL NAME Cordie Kaiser (b) If Veteran name was -----

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced married
(b) Name of husband or wife Fred Kaiser (c) Age of husband or wife, if alive ----- yrs.

7. Birthdate of deceased Sept. 15, 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 28 If less than one day hrs. ----- min. -----

9. Birthplace Roswell, N.M.
(City, town or county) (State or Country)

10. Usual Occupation At home

11. Industry or Business -----

12. Name Bill Holliman
Father (City, town or county) (State or Country)

13. Birthplace TEXAS
(City, town or county) (State or Country)

14. Maiden Name Zelpha Corn
Mother (City, town or county) (State or Country)

15. Birthplace Georgia
(City, town or county) (State or Country)

16. (a) Informant's own signature C. S. Samuels
(b) Address 320 E. Alvarado, Phx. Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Florence, Ariz. (c) Date Dec. 16, 1943

18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A. L. MOORE AND SONS
(c) Address PHOENIX, ARIZONA

19. (a) Dec 16 - 1943
(b) Dr. Carl J. Hughes
(Registrar's Signature)

18 20M-100% Rag-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 13, 1943 19 43
TIME (Hour and minute) 2:23 a.m.

21. I hereby certify that I attended the deceased from Dec 13 to Dec 13, 1943
that I last saw h er alive on Dec 13, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Compound Fractures of both legs
Due to Shock
Concussion of brain

Due to -----

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: -----
Of operations -----

Of autopsy -----

DURATION
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) accident
(b) Date of occurrence 12/13/43
(c) Where did injury occur? Phoenix, Maricopa Ariz
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? no (e) Means of injury Struck by automobile

23. Signature Markus Lehen M. D.
Address Phoenix, Ariz Date signed 12/16/43